

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

Whitaker, B.

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PRACTICES COMMISSION
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Whitaker Bruce W

1. Office, Agency, or Court

Agency Name
City of Fullerton
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Fullerton ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
☐ Assuming Office: Date assumed _____
☐ Leaving Office: Date Left _____ (Check one)
○ The period covered is January 1, 2012, through the date of leaving office.
○ The period covered is _____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury under the laws of the State of California

Date Signed 03/21/2013
(month, day, year)

SCHEDULE D Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
 California State University, Fullerton

ADDRESS *(Business Address Acceptable)*
 800 N. State College Boulevard, Fullerton

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Higher Education

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 25 / 12 | \$ 325.00 | Front & Center Concert |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____